


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M03000001494</b> 1. Entity Name <b>MASLAND CARPETS, LLC</b>	
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Principal Place of Business <b>2208 SOUTH HAMILTON STREET DALTON, GA 30721</b>	Mailing Address <b>2208 SOUTH HAMILTON STREET DALTON, GA 30721</b>
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04052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>51-0460748</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEMPSEY, KENNETH L 716 BILL MYLES DR. SARALAND, AL 36571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARMON, GARY A 2208 SOUTH HAMILTON STREET DALTON, GA 30721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LASATER, D. EUGENE 2208 SOUTH HAMILTON STREET DALTON, GA 30721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, W. DEREK 2208 SOUTH HAMILTON STREET DALTON, GA 30721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WRIGHT, GREG 716 BILL MYLES DR SARALAND, AL 36571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLEIN, STARR T 345-B NOWLIN LANE CHATTANOOGA, TN 37421

<p>U00000710360 04/25/07-80039-023 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** William Edwards Director of Tax 4/11/07 (706) 876-5937  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #